RECEIVABLE DECREASE INPUT FORM

Department/Organization Name										The Commonwealth of Massachusetts Office of the Comptroller Revised 1/31/94			
	Docu	ment ID			1				The Land				
Trans RD	Dept	R/Org	Number		RD Date		Acctg Prd	Bud FY					
Action:	Entry (E) Modify (M) Cancel (X)	I	RE Due Date		Int Calc Flag		Customer Code			Cust Loc	Cu	ıst Type	
Special Instruction Extern (SPIN) Flag			RE Type	Document 7	Fotal		Remit To: Comm		ments		<u> </u>		
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Rate Code	Rate Code Number of Units Units of Me		ts of Measure	ire Amount			Description						Text Ind
LN	Fund	Dept	ept Org	S/Org	Rev Srce	S/Rev	Prog	Туре	PRJ/CL/GRO	C AC	ACTV		Rept Catg
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Rate Code	Number of	Units Uni	ts of Measure		Amount	ı	Description						Text Ind
Prepared B	y:			Title				Date:					
Approved By:				Title:								Phone #	•
Entered By				Title:				Date:					